

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):   TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF IMPERIAL</b> <b>939 Main Street</b> <b>EI Centro, CA 92243</b>	
PETITIONER:  RESPONDENT:	
<b>ORDER ON REGISTRATION OF OUT-OF-STATE</b> <input type="checkbox"/> <b>SUPPORT ORDER</b> <input type="checkbox"/> <b>INCOME WITHHOLDING ORDER</b>	CASE NUMBER: _____

1. Notice of Registration of Out of State Support Order-Judicial Council Form (FL-570).  
 A copy of the registration statement with a copy of the out of state order was sent by  
 the Clerk of the Court to \_\_\_\_\_ by first class mail on  
 (date):\_\_\_\_\_.

2. ☐ A Request for Hearing Regarding Registration of Support Order and/or Income  
 Withholding Order-Judicial Council Form (FL-575) was NOT filed and this  
 proceeding was heard by default.

OR

☐ A Request for Hearing Regarding Registration of Support Order and/or Income  
 Withholding Order-Judicial Council Form (FL-575) was filed on (date):  
 \_\_\_\_\_ and this proceeding was heard as follows:

This proceeding was heard as a contested matter:

On (date):\_\_\_\_\_ at (time)\_\_\_\_\_ in Dept.\_\_\_\_\_

by Judge (name):

- ☐ Petitioner present  
☐ Respondent present  
☐ Other present

☐ Temporary Judge

- ☐ Attorney present (name):  
☐ Attorney present (name):  
☐ Attorney present (name):

### THE COURT ORDERS:

3. ☐ Out of State Support Order is confirmed
4. ☐ Out of State Support Order is *not* confirmed
5. ☐ Out of State Income Withholding Order is confirmed
6. ☐ Out of State Income Withholding Order is *not* confirmed
7. ☐ Other:

Date:\_\_\_\_\_

\_\_\_\_\_  
 Judge of the Superior Court